

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp FILED OCT 07 2008 CITY OF SANTA MARIA BY: <i>[Signature]</i> City Clerk	CALIFORNIA FORM 460
	Page <u>1</u> of <u>9</u> For Official Use Only

Statement covers period from <u>07/01/2008</u> through <u>09/30/2008</u>	Date of election if applicable: (Month, Day, Year) <u>11/04/2008</u>
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SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- ☒ Officeholder, Candidate Controlled Committee
☒ State Candidate Election Committee
☐ Recall
(Also Complete Part 5)
- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee
- ☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
(Also Complete Part 6)
- ☐ Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- ☒ Preelection Statement
☐ Semi-annual Statement
☐ Termination Statement
(Also file a Form 410 Termination)
☐ Amendment (Explain below)
- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1307852

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Friends Of Mike Cordero

Treasurer(s)

NAME OF TREASURER

Kinde Durkee

MAILING ADDRESS

1212 S Victory Blvd

CITY

STATE

ZIP CODE

AREA CODE/PHONE

STREET ADDRESS (NO P.O. BOX)

1212 S Victory Blvd

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Burbank CA 91502 (818) 260-0669

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

MAILING ADDRESS

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/03/2008
Date

By Kinde Durkee

Executed on 10/03/2008
Date

By Mike Cordero

Executed on _____
Date

Signature of Controlling Officer/holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____
Date

Signature of Controlling Officer/holder, Candidate, State Measure Proponent

Executed on _____
Date

Signature of Controlling Officer/holder, Candidate, State Measure Proponent

Executed on _____
Date

Signature of Controlling Officer/holder, Candidate, State Measure Proponent

Recipient Committee
Campaign Statement
Cover Page — Part 2

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FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE Mike Cordero			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) City Council Member, City Of Santa Maria, District: n/a			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
1212 S Victory Blvd	Burbank	CA	91502

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER		
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
CITY	STATE	ZIP CODE	AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER		
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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6. Ballot Measure Committee

NAME OF BALLOT MEASURE	
BALLOT NO. OR LETTER	JURISDICTION
	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	
OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

7. Primarily Formed Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period
from 07/01/2008

CALIFORNIA
FORM 460

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Friends Of Mike Cordero

through 09/30/2008
Page 3 of 9
I.D. NUMBER
1307852

Contributions Received

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

Column B
CALENDAR YEAR
TOTAL DATE

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

1. Monetary Contributions	Schedule A, Line 3	12760.00	\$	12760.00	1/1 through 6/30	7/1 to Date
2. Loans Received	Schedule B, Line 7	26200.00	\$	26200.00		
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	38960.00	\$	38960.00		
4. Nonmonetary Contributions	Schedule C, Line 3	0.00	\$	0.00		
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	38960.00	\$	38960.00		

Expenditures Made

6. Payments Made	Schedule E, Line 4	26806.21	\$	26806.21
7. Loans Made	Schedule H, Line 7	0.00	\$	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	26806.21	\$	26806.21
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	0.00	\$	0.00
10. Nonmonetary Adjustment	Schedule C, Line 3	0.00	\$	0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	26806.21	\$	26806.21

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	0.00	\$
13. Cash Receipts	Column A, Line 3 above	38960.00	\$
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0.00	\$
15. Cash Payments	Column A, Line 8 above	26806.21	\$
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	12153.79	\$

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	0.00	\$
Cash Equivalents and Outstanding Debts			
18. Cash Equivalents	See instructions on reverse	0.00	\$
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	26200.00	\$

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
/ /	\$
/ /	\$
/ /	\$
/ /	\$
/ /	\$
/ /	\$

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from 07/01/2008
through 09/30/2008

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I.D. NUMBER
1307852

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends Of Mike Cordero

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/30/2008	Kathryn Bernard 2860 Cathedral Ln Arroyo Grande CA 93420	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	\$100.00 G2008
09/30/2008	Olivia Bolanos 3046 Bunfill Santa Maria CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Principal Santa Maria-Bonita School District	100.00	100.00	\$100.00 G2008
07/01/2008	Karen Giles-King 555 Camino Roble Nipomo CA 93444	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Agriculturalist Karen A. Giles-King	1000.00	1000.00	\$1000.00 G2008
09/30/2008	Dorothy Gomes 418 N Tiffany Dr Santa Maria CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	100.00	100.00	\$100.00 G2008
09/30/2008	Beverly Larson 637 Sanddydale Rd Nipomo CA 93444	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	250.00	250.00	\$250.00 G2008
SUBTOTAL \$				1550.00		

Schedule A Summary

1. Amount received this period – contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 12450.00

2. Amount received this period – unitemized contributions of less than \$100 \$ 310.00

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 12760.00

*Contributor Codes
IND – Individual
COM – Recipient Committee
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2008</u> through <u>09/30/2008</u>		CALIFORNIA FORM 460
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NAME OF FILER Friends Of Mike Cordero	DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	09/30/2008	V James Miller 1173 Mira Flores Dr Santa Maria CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	100.00	100.00	\$100.00 G2008
	09/30/2008	Toru Miyoshi 437 E McElhany Av Santa Maria CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	100.00	100.00	\$100.00 G2008
	09/30/2008	Marylyn Muzer 1329 N Christina St Santa Maria CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	250.00	250.00	\$250.00 G2008
	09/03/2008	Jo Ann Oliver 417 Marian Dr Santa Maria CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Peppertree Chevron	100.00	100.00	\$100.00 G2008
	09/30/2008	Lila Reynolds 1702 N Benwiley Av Santa Maria CA 93458	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	100.00	100.00	\$100.00 G2008
SUBTOTAL \$					650.00		

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2008</u> through <u>09/30/2008</u>		CALIFORNIA 460 FORM	Page <u>6</u> of <u>9</u>
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/30/2008	Santa Maria Police Officers Association PAC 222 E Cook Santa Maria CA 93456 1292068	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		10000.00	10000.00	\$10000.00 G2008
09/30/2008	Hilda Zacarias 1029 Big Pine Dr Santa Maria CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Non-Profit Administrator Santa Barbara Family Care Center	250.00	250.00	\$250.00 G2008
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				10250.00		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

Type or print in ink.
Amounts may be rounded
to whole dollars.

Schedule B – Part 1 **Loans Received**

Statement covers period
from 07/01/2008
through 09/30/2008

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FORM

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1307852

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Friends Of Mike Cordero

FULL NAME, STREET ADDRESS AND ZIP CODE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD *	OUTSTANDING CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
Mike Cordero 1324 Ruby Court Santa Maria CA 93454 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lieutenant Santa Maria Police Department	\$ 0.00	\$ 21171.18	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 21171.18 DATE DUE	0.00 RATE	\$ 3128.89 08/27/2008 DATE INCURRED	\$ 26200.00 PER ELECTION** \$26200.00 G2008 CALENDAR YEAR
Mike Cordero 1324 Ruby Court Santa Maria CA 93454 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lieutenant Santa Maria Police Department	\$ 0.00	\$ 3828.82	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 3828.82 DATE DUE	0.00 RATE	\$ 3828.82 09/02/2008 DATE INCURRED	\$ 26200.00 PER ELECTION** \$26200.00 G2008 CALENDAR YEAR
Mike Cordero 1324 Ruby Court Santa Maria CA 93454 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lieutenant Santa Maria Police Department	\$ 0.00	\$ 1200.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 1200.00 DATE DUE	0.00 RATE	\$ 1200.00 08/04/2008 DATE INCURRED	\$ 26200.00 PER ELECTION** \$26200.00 G2008 CALENDAR YEAR
SUBTOTALS					\$ 26200.00	\$ 0.00	\$ 26200.00	\$ 0.00

(Enter (e) on
Schedule E, Line 3)

Schedule B Summary

- Loans received this period \$ 26200.00
(Total Column (b) plus unitemized loans less than \$100.)
- Loans paid or forgiven this period \$ 0
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (**Subtract** Line 2 from Line 1.) **NET \$ 26200.00**
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

*Amounts forgiven or paid by
another party also must be
reported on Schedule A.
** If required.

† Contributor Codes

IND – Individual COM – Recipient Committee (other than PTY or SCC) OTH – Other PTY – Political Party SCC – Small Contributor Committee

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

SEE INSTRUCTIONS ON REVERSE		Statement covers period from <u>07/01/2008</u> through <u>09/30/2008</u>	CALIFORNIA FORM
NAME OF FILER Friends Of Mike Cordero		Page <u>8</u> of <u>9</u>	460
		I.D. NUMBER 1307852	

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
California Voter Guide				
1954 W Carson St #B				
Torrance				
CA 90501	LIT			2425.00
City Of Santa Maria				
110 E Cook St				
Santa Maria				
CA 93454	FIL			1200.00
Freeman Public Affairs				
1405 Marcelina Ave #111				
Torrance				
CA 90501	LIT			15299.46
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.				
SUBTOTAL \$				18924.46

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$	26796.21
2. Unitemized payments made this period of under \$100	\$	10.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	26806.21

**Schedule E
(Continuation Sheet)
Payments Made**

SCHEDULE E (CONT.)

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period from <u>07/01/2008</u> through <u>09/30/2008</u>		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends Of Mike Cordero

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
US Postal Service		POS			Memo: 5400.00
2510 Monterey Torrance	CA 90503				
Freeman Public Affairs		LIT			7371.75
1405 Marcelina Ave #111 Torrance	CA 90501				
US Post Office		POS			Memo: 2800.00
1075 N Tustin St Orange	CA 92863				
Latino Today Publishing		PRT			500.00
517 E Chapel St Santa Maria	CA 93454				

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 7871.75